



FROM THE DESK OF THE DDSN MEDICAL CONSULTANT

INSIDE THIS ISSUE:

Recognition of Illness



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RECOGNITION OF ILLNESS PART I

We can usually tell if a person is ill because they act or look ill or they tell us they feel sick. In our care for our consumers these messages may not be clear at times and we need to use all the clues we can so that we can manage illness in the best possible way.

Feeling Ill

When we feel ill we feel *different* from our usual state. We may have pain or soreness. We may feel nauseated; feel hot or cold, tired, upset, or unable to do our usual tasks. We may feel restless or anxious or feel very weak. The important thing is that we feel *different*. There is a *change*.

Acting Ill

When we are ill there is likely to be a *change* in the way we act. We may not do our usual activities in the usual way. We may do less than we usually do. We may avoid actions that cause pain. We may sleep more or less than usual – or eat more or less than usual. We may guard a sore part of our body (stop moving a sore limb or hold a sore head or abdomen). We may be coughing or short of breath. We may be vomiting, have diarrhea or changes in the way we urinate. We may show changes in the patterns of mood behavior – become more easily upset or excited or be less responsive to others. These are *all changes from our usual pattern*.

Looking Ill

Again, the clues are *changes*. We may look paler than usual or more flushed. We may show sweating or shivering. We may have yellow colored skin (jaundice) or a rash or have blueness of our skin. We may have breathing difficulties, choking patterns, or movement changes (stiffness, floppiness, weakness, jerkiness, etc.). The changes may be sudden (such as in a seizure) or slowly over days or even months (as in weight loss). It is the *change* that is the clue.

How do we use these clues?

Each of these clues may be obvious or not so clear. We usually have some help from what the person can tell us about how they feel. The more familiar we are with a person the more likely we are to understand the messages. The persons who know our consumers best are the persons who will notice the **changes** earliest. The challenge is to sort out if the **changes** are indicators that the consumer is ill or the **changes** are within the normal patterns of life. *If in doubt, consult.*

Changes such as we have listed may relate to a change in a persons living circumstances (e.g., new bus route to ride, change in job); change in relationships (new roommate, staff changes at vacation time); change in health (pneumonia, broken bone, seizure, etc); change in persons psychiatric status (depressed person may show withdrawal or agitation).

If there are changes in person's actions, feelings, or looks that concern us, we must ask for help. If you discuss your concerns with the nurse or doctor and the concerns are not settled, please say so. Ask for their help to further evaluate the consumer. We all learn all the time about the ways our consumers respond to stress or possible illness.

What are some important changes to notice?

In the next few newsletters we will look at several areas of clues that may indicate we should consider our consumers need attention. This issue we will look at two A's and later get to further ABC's

Appearance

We need to be alert and responsive if a person is **pale** or **blue**. These are two signs that can signal serious problems and need immediate attention.

If a person is unusually **pale** please check if they are sweating or have pain in chest, abdomen, head, or elsewhere. A person who is quiet and pale may have serious pain, blood loss, or other problems. We should get advice and help if the person is pale and looks unwell in any other way (restlessness, vomiting, pain).

If a person has **bluish or purple lips, fingers, nails, or face** we need to get help – particularly if they show any difficulty breathing as they may have lung or heart problems.

Illness causes changes in:

-Appearance
-Action
-Affect (feelings)

Ask for help immediately if a person:

-Is pale, quiet, and/or sweaty

-Has blue lips or fingernails

-Any breathing problems

Normally our appetite is variable day by day or even with different foods. If a person has a ***drastic change in appetite***, we need to pay attention. Particularly if it is associated with other indicators of possible trouble.

Call the nurse or doctor if:

- A baby stops eating, has problems eating, or does not put on weight;
- A child changes from eating well to not taking food for a day or more;
- A child or adult refuses fluids or does not keep them down for 12 hours;
- A child or adult has a big decrease in appetite for 2 days;
- A baby vomits for more than 24 hours;
- If older persons vomit for more than 48 hours;
- Any vomiting associated with abdominal pain, headaches, dizzy spells, reduced urine output, or the loss of medication;
- Appetite change is accompanied with weight loss.

NOTE

We have looked at two clues. There are others. The causes for the changes we are noting may be serious or not, but if we notice changes we need to understand them and ask for help if we are concerned.

Changes in appetite may signal illness.

Even if we do not eat, we must have fluids.

Explain weight loss.

Vomiting and/or pain need to be evaluated.

Infants and children have less reserve – check earlier.